

DATA FOR PAYMENT OF RETIRED PERSONNEL

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S. Code 1401; 10 U.S. Code 2771; 10 U.S. Code 1477; PL 92-425 (September 21, 1972, as amended) and EO 9397.

PRINCIPAL PURPOSE(S): To collect information needed to establish a retired/retainer pay account.

ROUTINE USE(S): Information may be provided to the Internal Revenue Service to resolve matters relating to an individual's claim for tax withholding; to the Department of Justice or to state and local governments when a question of conflicting interest is raised concerning an individual's declaration; and the Office of Personnel Management when the matter of verifying the individual's certification of not being employed by another government agency is required.

DISCLOSURE: Voluntary; however, failure to furnish requested information will result in delays in initiating pay and amounts not being properly computed.

INSTRUCTIONS

GENERAL.

1. Read these instructions carefully before completing the data form.
2. The Defense Finance and Accounting Service (DFAS) - Cleveland Center will establish your retired/retainer pay account based on the data provided on the form and your retirement/transfer orders. Your personnel office and disbursing/finance office will assist you in the

proper completion and submission of this form. You should maintain these instructions along with a copy of the form as a permanent record of pay data. Please complete the form by typing or printing in ink.

3. Ensure that you advise the DFAS - Cleveland Center of your marital status, correspondence and check address changes, at all times.

SECTION I - PAY IDENTIFICATION.

ITEMS 1 and 2. Self-explanatory.

ITEM 3. If you are retiring from active duty, enter the date you transfer to the Fleet Reserve or date of retirement. If you are a Reserve member qualified to retire under 10 U.S. Code, Chapter 1223, enter either the date of your 60th birthday or, a later date on which you applied to receive retired pay.

ITEMS 4 and 5. Self-explanatory.

ITEM 6. Enter the address and telephone number (include area code) where you can be contacted.

SECTION II - DIRECT DEPOSIT/ELECTRONIC FUND TRANSFER INFORMATION.

This section must be completed. Your net retired/retainer pay must be sent to your financial institution by direct deposit/electronic fund transfer (DD/EFT).

ITEMS 7 through 10. If you are directing your retired pay to the same account number and financial institution to which you directed your active duty pay, annotate Items 7 through 10 "SAME AS ACTIVE DUTY". If you have a copy of the Direct Deposit Authorization form used to establish your DD/EFT for your active duty pay, attach a copy to this form.

If you are not currently on DD/EFT, you must complete Items 7 through 10. Provide the nine digit Routing Transit Number (RTN) of your financial institution in Item 7. The RTN is the nine digit number located in the lower left-hand corner of either your checks or check deposit tickets. If you still are unable to obtain the RTN, you will have to contact your financial institution to which you want your retired/retainer pay directed and request the RTN. Also, indicate whether your account is (S) for Savings or (C) for Checking account in Item 8, your account number in Item 9, and your financial institution name and address in Item 10.

SECTION III - SEPARATION PAYMENT INFORMATION.

ITEM 11. Complete if you are retiring from active duty or a member/former member of the Reserve Components not on active duty retiring at age 60.

11.a. through 11.c. If you received any type of separation pay/bonus, enter "RP" for Readjustment Pay, "SP" for Separation Pay, "VSI" for Voluntary Separation Pay, and "SSB" for Special Separation Bonus, and the total amount in the appropriate block.

SECTION IV - MEMBER OF THE RESERVE COMPONENT.

ITEM 12. Complete if you are a member/former member of a reserve component not on active duty retiring at age 60. If you have retired under any other provision of law and subsequently become employed by a Federal agency, it is your responsibility to notify DFAS - Cleveland Center immediately.

SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY.

ITEMS 13.a and 13.b. Upon your death, any pay due and unpaid will be paid to the person(s) you may designate. If you elect 13.a., the amount due will be paid to the surviving person highest on the following list: (1) your spouse; (2) your children and their descendants, by representation; (3) your parents in equal parts, or if either is dead, the survivor; (4) the legal representative of your estate, and (5) person(s) entitled under the law of your domicile.

If you elect 13.b., you may designate the number of beneficiaries you desire, and the percentage of pay to be paid to each. The total percentage must not exceed 100%. If you designate more than one person, and the total percentage designated is greater than 100%, the person listed first is considered the primary beneficiary. Those persons on the list whose percentage exceeds the initial 100% designated will receive payment only if the primary beneficiary is deceased at the time of your death.

13.c. through 13.f. Enter the name, address, relationship, and share to be paid for each beneficiary you desire to designate. Use the Remarks section for additional space.

SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION.

Complete this section after determining your allowed exemptions with the aid of your disbursing/finance office, or from the instructions available on IRS Form W-4, or other available IRS publications. Leave Items 14 through 16 blank if completing Item 17.

ITEM 14. Mark the status you desire to claim.

ITEM 15. Enter the number of exemptions claimed.

ITEM 16. Enter the dollar amount of additional Federal income tax you desire withheld from each month's pay. Leave blank if you do not desire additional withholding.

INSTRUCTIONS (Continued)**SECTION VI (Continued)**

ITEM 17. Enter the word "EXEMPT" in this item only if you meet all the following criteria: (1) you had no Federal income tax liability in the prior year; (2) you anticipate no Federal income tax liability this year; and (3) you therefore desire no Federal income tax to be withheld from your retired/retainer pay.

NOTE: You must file a new exemption claim form with DFAS - Cleveland Center by February 15th of each year for which you claim exemption from withholding.

ITEM 18. If you are not a U.S. citizen, provide, on an additional sheet, a list of all periods of ACTIVE DUTY served in the continental U.S., Alaska, and Hawaii. Indicate periods of service by year and month only. List only service at shore activities; do not report service aboard a ship.

For example:

FROM (Year/Month)	DUTY STATION	TO (Year/Month)
1994/02	NAVSTA, Norfolk, VA	1995/01

NOTE: This information may affect the determination as to that portion of retired/retainer pay which is taxable in accordance with the Internal Revenue Code, if you will maintain your permanent residence outside the U.S., Alaska, or Hawaii.

SECTION VII - VOLUNTARY STATE TAX WITHHOLDING.

ITEM 19. Enter the name of the state for which you desire state tax withheld.

ITEM 20. Enter the dollar amount you want deducted from your monthly retired/retainer pay. This amount must not be less than \$10.00 and must be in whole dollars (*Example: \$50.00, not \$50.25*).

ITEM 21. Enter only if different from the address in Item 6.

SECTION VIII - DEPENDENCY INFORMATION.

This information is needed by DFAS to determine SBP costs, annuities and options, and to maintain your account in special circumstances at the time of death.

ITEM 22.a. Provide your spouse's name. If none, enter "N/A" and proceed to Item 25.

ITEMS 22.b. through 24. Provide the requested information about your spouse. In Item 24, if marriage occurred outside the United States, include city, province, and name of country.

ITEM 25. If you do not have dependent children, enter "N/A" in this item. If you do have dependent children, provide the requested information. Designate which children resulted from marriage to former spouse, if any, by indicating (FS) after the relationship in column d.

25.e. A disabled child is an **unmarried** child who meets one of the following conditions: a child who has become incapable of self support before the age of 18, or, a child who has become incapable of self support after the age of 18 but before age 22 while a full time student. Attach documentation if available.

SECTION IX - SURVIVOR BENEFIT PLAN (SBP) ELECTION.

It is very important that you are counseled and are fully aware of your options under SBP. You may discontinue your SBP participation within one year after the second anniversary of the commencement of retired/retainer pay. Termination of SBP is effective the first of the month after DFAS-Cleveland receives the SBP disenrollment request. There will be no refund of SBP costs paid before the SBP disenrollment effective date, and future participation is barred. If you make no election, maximum coverage will be established for all eligible family members (spouse and/or children). It is highly advisable to complete this part in the presence of your SBP counselor.

For members qualified to retire under 10 U.S. Code, Chapter 1223, who elected Reserve Component Survivor Benefit Plan (RCSBP) after 20 qualifying years of service, a copy of your RCSBP election must accompany this form and do not complete Items 26 through 31. However, Reserve members who declined SBP until age 60 must complete Items 26 through 31. If you elected either immediate or Deferred RCSBP coverage and the elected beneficiary is no longer eligible, annotate this in the Remarks section and provide supporting documentation with this form.

ITEM 26. Complete if you are retiring from active duty or if you are a reservist (*retiring under 10 U.S. Code, Chapter 1223*) who declined RCSBP. You may only select one item.

SECTION IX (Continued)

26.a. through 26.c. Mark the applicable item that indicates the beneficiaries you desire to cover under SBP.

ITEM 26.d. Mark if you are not married and desire coverage for a person with an insurable interest in you, and provide the requested information about that person in Item 28. An election of this type must be based on your full gross retired/retainer pay. If the person is a non-relative or as distantly related as a cousin, attach evidence that the person has a financial interest in the continuance of your life. Under provisions of Public Law 103-337, you are permitted to withdraw from insurable interest coverage at any time. Such a withdrawal will be effective on the first day of the month following the month the request is received by DFAS - Cleveland Center. Therefore, no refund of SBP costs collected before the effective date of the withdrawal will be paid.

26.e. and 26.f. Mark Item 26.e. if you desire coverage for a former spouse. Mark Item 26.f. if you desire coverage for a former spouse and dependent child(ren) of that marriage, and provide the requested information about these children in Item 25 as appropriate. Provide a certified photocopy of final decree that includes separation agreement or property settlement which discusses SBP for former spouse coverage. The DD Form 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage," must also be completed and accompany the completed DD Form 2656 to DFAS - Cleveland Center.

26.g. Mark if you do not desire coverage under SBP. If married and declining coverage, Items 30 and 31 of Section XI must be completed.

ITEM 27.a. Mark if you desire the coverage to be based on your full gross retired/retainer pay without Supplemental SBP.

27.b. Mark if you desire the coverage to be based on a reduced portion of your retired/retainer pay. This reduced amount may not be less than \$300.00. If your gross retired/retainer pay is less than \$300.00, the full gross pay is automatically used as the base amount. Enter the desired amount in the space provided to the right of this item. Proceed to Section XI, if married.

27.c. Mark if you desire the coverage to be based on your full gross retired/retainer pay plus Supplemental SBP for spouse/former spouse. Mark the appropriate percentage of coverage. The benefits are paid to a surviving spouse/former spouse who is age 62 or older.

ITEM 28. Enter the information for insurable interest beneficiary.

SECTION X - REMARKS.

ITEM 29. Reference each entry by item number. Continue on separate sheets of paper if more space is needed.

SECTION XI - SURVIVOR BENEFIT PLAN SPOUSE CONCURRENCE.

10 U.S. Code, Section 1448 requires that an otherwise eligible spouse concur if the member declines to elect SBP coverage, elects less than maximum coverage, or elects child only coverage. Therefore, if any of the following items or combination of items are marked, the spouse and a witness must complete Items 30 and 31: Items 26.a. and 27.b.; 26.b. and 27.b.; 26.c. or 26.g. A witness cannot be named beneficiary in Section V, VIII, or IX. Whenever possible, SBP Counselor or a Notary Public should be the witness. Spouse must present photo bearing identification to the witness prior to signature. Spouse's concurrence must be obtained and dated on or after the date of the member's election, but before the retirement/ transfer date. If concurrence is not obtained when required, maximum coverage will be established for your spouse and child(ren) if appropriate.

SECTION XII - CERTIFICATION.

Read the statement carefully, then sign your name and indicate the date of signature. For your SBP election to be valid, you must sign and date the form prior to the effective date of your retirement/transfer. A witness cannot be named as beneficiary in Sections V, VIII, or IX. Also, there are certain restrictions that apply to retired pay during a period of Federal employment. Contact DFAS - Cleveland Center at 1-800-321-1080 for information on how these restrictions apply to your pay.

DATA FOR PAYMENT OF RETIRED PERSONNEL*(Please read Instructions before completing form.)***SECTION I - PAY IDENTIFICATION**

1. NAME <i>(LAST, First, Middle Initial)</i>	2. SSN	3. RETIREMENT/ TRANSFER DATE <i>(YYYYMMDD)</i>	4. RANK/PAY GRADE/ BRANCH OF SERVICE	5. DATE OF BIRTH <i>(YYYYMMDD)</i>
6. CORRESPONDENCE ADDRESS <i>(Ensure DFAS - Cleveland Center is advised whenever your correspondence address changes.)</i>				
a. STREET <i>(Include apartment number)</i>	b. CITY	c. STATE	d. ZIP CODE	e. TELEPHONE <i>(Incl. area code)</i>

SECTION II - DIRECT DEPOSIT/ELECTRONIC FUND TRANSFER (DD/EFT) INFORMATION *(See Instructions)*

7. ROUTING NUMBER <i>(See Instructions)</i>	8. TYPE OF ACCOUNT <i>(Savings (S) or Checking (C))</i>	9. ACCOUNT NUMBER <i>(See Instructions)</i>		
10. FINANCIAL INSTITUTION				
a. NAME	b. STREET ADDRESS	c. CITY	d. STATE	e. ZIP CODE

SECTION III - SEPARATION PAYMENT INFORMATION

11. Complete if you are retiring or a member/former member of the Reserve Component not on active duty retiring at age 60.				
a. DID YOU RECEIVE READJUSTMENT PAY (RP), SEPARATION PAY (SP), VOLUNTARY SEPARATION INCENTIVE (VSI), OR SPECIAL SEPARATION BONUS (SSB)? <i>(X one. If "Yes," attach a copy of the orders which authorized the payment, and a copy of the DD Form 214.)</i>		b. TYPE OF PAYMENT	c. MONTHLY AMOUNT OF PAYMENT	
		YES		
		NO		

SECTION IV - MEMBER OF THE RESERVE COMPONENT

12. Complete only if a member or former member of the reserve component not on active duty retiring at age 60.				
a. DO YOU RECEIVE OR WERE YOU RECEIVING ON THE DATE OF RETIREMENT ANY VA COMPENSATION FOR DISABILITY OR SALARY FROM A FEDERAL AGENCY? <i>(X one)</i>		YES	b. EFFECTIVE DATE OF PAYMENT OR SALARY <i>(YYYYMMDD)</i>	
		NO		
c. FEDERAL AGENCY (1) NAME	(2) STREET ADDRESS			d. TYPE OF PAYMENT
	(3) CITY	(4) STATE	(5) ZIP CODE	e. AMOUNT OF PAYMENT

SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY

13. Mark (X) option a. or b. and complete as applicable. <i>(Continue in Section X, "Remarks," if necessary.)</i>				
a. LEGAL ORDER OF PRECEDENCE		b. BENEFICIARIES <i>(List below)</i>		
c. NAME <i>(Last, First, Middle Initial)</i>	d. ADDRESS <i>(Street, City, State, ZIP Code)</i>		e. RELATIONSHIP	f. SHARE
				%
				%
				%
				%

SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION *(Submit information in Items 14 - 17 in lieu of IRS Form W-4 for tax purposes.)*

14. MARITAL STATUS <i>(X one)</i>		15. TOTAL NUMBER OF EXEMPTIONS CLAIMED	16. ADDITIONAL WITHHOLDING <i>(Optional)</i>	17. I CLAIM EXEMPTION FROM WITHHOLDING <i>(Enter "EXEMPT")</i>	18. ARE YOU A UNITED STATES CITIZEN? <i>(X one)</i>
SINGLE	MARRIED				YES
MARRIED BUT WITHHOLD AT HIGHER SINGLE RATE					NO <i>(See Instructions)</i>

SECTION VII - VOLUNTARY STATE TAX WITHHOLDING INFORMATION

19. STATE DESIG- NATED TO RECEIVE TAX	20. REQUESTED MONTHLY AMOUNT <i>(Not less than \$10.00)</i> .00	21. RESIDENCE ADDRESS <i>(If different from address listed in Item 6)</i>		
		a. STREET <i>(Include apartment number)</i>	b. CITY	c. STATE d. ZIP CODE

SECTION VIII - DEPENDENCY INFORMATION *(This section must be completed regardless of SBP Election.)*

22. SPOUSE			23. DATE OF MARRIAGE <i>(YYYYMMDD)</i>	24. PLACE OF MARRIAGE <i>(See Instructions)</i>
a. NAME <i>(Last, First, Middle Initial)</i>	b. SSN	c. DATE OF BIRTH <i>(YYYYMMDD)</i>		
25. DEPENDENT CHILDREN <i>(Indicate which child(ren) resulted from marriage to former spouse by entering (FS) after relationship in column d. Continue in Section X, "Remarks," if necessary.)</i>				
a. NAME <i>(Last, First, Middle Initial)</i>	b. DATE OF BIRTH <i>(YYYYMMDD)</i>	c. SSN	d. RELATIONSHIP <i>(Son, daughter, stepson, etc.)</i>	e. DISABLED? <i>(Yes/No)</i>

SECTION IX - SURVIVOR BENEFIT PLAN (SBP) ELECTION <i>(See your Survivor Benefit Plan counselor before making an election.)</i>									
26. BENEFICIARY CATEGORY(IES) <i>(X only one item) (See Instructions and Section XII.)</i>									
a. I ELECT COVERAGE FOR SPOUSE ONLY. I (X)		DO		DO NOT HAVE DEPENDENT CHILD(REN).					
b. I ELECT COVERAGE FOR SPOUSE AND CHILD(REN).									
c. I ELECT COVERAGE FOR CHILD(REN) ONLY. I (X)		DO		DO NOT HAVE A SPOUSE.					
d. I ELECT COVERAGE FOR THE PERSON NAMED IN ITEM 28 WHO HAS AN INSURABLE INTEREST IN ME <i>(See Instructions).</i>									
e. I ELECT COVERAGE FOR MY FORMER SPOUSE <i>(See Instructions and complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage").</i>									
f. I ELECT COVERAGE FOR MY FORMER SPOUSE AND DEPENDENT CHILD(REN) OF THAT MARRIAGE <i>(See Instructions and complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage").</i>									
g. I ELECT NOT TO PARTICIPATE IN SBP. I (X)		DO		DO NOT HAVE ELIGIBLE DEPENDENTS UNDER THE PLAN.					
27. LEVEL OF COVERAGE <i>(X one. Complete UNLESS 26.d. or 26.g. was selected above. See Instructions.)</i>									
a. I ELECT COVERAGE TO BE BASED ON FULL GROSS PAY WITHOUT SUPPLEMENTAL SBP.									
b. I ELECT COVERAGE WITH A REDUCED BASE AMOUNT OF \$ <i>(See Instructions).</i>									
c. I ELECT COVERAGE BASED ON FULL GROSS PAY PLUS SUPPLEMENTAL COVERAGE OF: <i>(X one)</i>									
5%		10%		15%		20%			
BY ELECTING SUPPLEMENTAL COVERAGE, I UNDERSTAND THAT I WAIVE MY BENEFICIARY'S RIGHT TO USE THE SOCIAL SECURITY OFFSET METHOD OF COMPUTING THE SURVIVOR BENEFIT PLAN ANNUITY AT AGE 62 AND OLDER <i>(See Instructions).</i>									
28. INSURABLE INTEREST BENEFICIARY									
a. NAME <i>(Last, First, Middle Initial)</i>				b. SSN		c. RELATIONSHIP		d. DATE OF BIRTH <i>(YYYYMMDD)</i>	
e. STREET ADDRESS <i>(Include apartment number)</i>					f. CITY		g. STATE		h. ZIP CODE
SECTION X - REMARKS									
29. Use this section to continue an item or make additional comments. Attach separate sheets if more space is needed.									
SECTION XI - SBP SPOUSE CONCURRENCE <i>(Required when member is married and elects child(ren) only coverage, does not elect full spouse coverage, or declines coverage.)</i>									
30. SPOUSE. I hereby concur with the Survivor Benefit Plan election made by my spouse. I have received information that explains the options available and the effects of those options. I know that retired pay stops on the day the retiree dies. I have signed this statement of my free will.									
a. SIGNATURE							b. DATE SIGNED <i>(YYYYMMDD)</i>		
31.a. WITNESS NAME <i>(Last, First, Middle Initial)</i>				b. SIGNATURE			c. DATE SIGNED <i>(YYYYMMDD)</i>		
d. STREET ADDRESS <i>(Include apartment number)</i>					e. CITY		f. STATE		g. ZIP CODE
SECTION XII - CERTIFICATION									
32. MEMBER. Under penalties of perjury, I certify that the number of withholding exemptions claimed does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements <i>(18 U.S. Code 287 and 1001 provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both).</i> I agree to notify DFAS - Cleveland Center when I become employed by a Federal agency. I will provide the effective date of employment, name and address, including ZIP Code of the employing agency, type of employment <i>(full time, part time, seasonal, etc.)</i> and the amount of my salary. <i>(A Standard Form 50 or Postal Form 50 should be provided.)</i> Also, I have been counseled that I can terminate SBP participation, with my spouse's written concurrence, within one year after the second anniversary of commencement of retired pay. However, if I exercise my option to terminate the SBP, future participation is barred.									
a. SIGNATURE							b. DATE SIGNED <i>(YYYYMMDD)</i>		
33.a. WITNESS NAME <i>(Last, First, Middle Initial)</i>				b. SIGNATURE			c. DATE SIGNED <i>(YYYYMMDD)</i>		
d. STREET ADDRESS <i>(Include apartment number)</i>					e. CITY		f. STATE		g. ZIP CODE